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**WEEKLY REQUEST FOR ALLOWANCES FOR TAA/TRA/NAFTA UNDER TRADE ACT, AS AMENDED
(Travel Only)**

Worker's Name and Mailing Address

Check Here
If New
Address ☐

Social Security No.
Week Ending Date (Saturday)

REMARKS:

FOR OFFICE USE ONLY			
S	Period MM/DD	Sect. of Law	Dec

TO BE COMPLETED BY STUDENT – ANSWER ALL QUESTIONS TRUTHFULLY

1. Did you attend approved training as scheduled for the week claimed?..... ☐ YES ☐ NO
If "NO," explain why in Remarks section above.
2. Have you applied for or received any allowance such as TRA from another state, DWB, etc., for the week claimed? ☐ YES ☐ NO
If "YES," Name of Program _____ Date Received _____ Amount Received \$ _____
3. Other than Maine TRA or Maine UI, have you filed, intended to file, or received unemployment insurance under any other state or federal program for the week claimed?..... ☐ YES ☐ NO
4. If your telephone number has changed, please enter here: _____
5. **TRAVEL AND SUBSISTENCE:** Are you eligible for daily travel allowances or subsistence?..... ☐ YES ☐ NO
If "YES," please check box(es) when you used your own vehicle or nights away from residence.
If "NO," do not check boxes.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daily Travel							
Name of School Attended							
Subsistence							

✓ **STUDENT CERTIFICATION:** I certify that all statements for the week covered by this claim are true and correct. I understand the law and that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled. I authorize deduction for any advances made to me.

Sign Here _____ Date _____

TO BE COMPLETED BY TRAINING FACILITY (Check whether attended or absent)

1.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Attended							
Absent							
Reason for Absence							
Scheduled Break (give the dates of the ENTIRE school break)							
Student Terminated/Graduated (give dates)							

2. Number of days scheduled for training_____.

✓ **TRAINING FACILITY CERTIFICATION:** THE ABOVE INFORMATION IS IN ACCORDANCE WITH OUR RECORDS. Statements made by the student appear to be complete and correct to the best of my knowledge.

1st School

Name of Training Facility	
Name of Training Official (Print or Type)	
Signature of Training Official	Date

2nd School

Name of Training Facility	
Name of Training Official (Print or Type)	
Signature of Training Official	Date

MAIL THIS FORM TO:

**Maine Department of Labor
Bureau of Unemployment Compensation
Special Program Unit
P.O. Box 259
Augusta, ME 04332-0259**

QUESTIONS?

**Call: (207) 287-4560
Fax: (207) 287-3395
TTY: 1-800-794-1110**